

Passenger Specialist						SERIAL NO.	FILING DATE					
MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						09/11 7210 APPLICANT(S)	JUL 24 1998					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	10						TOTAL IND.					
TOTAL DEP.	12	↔	↔	↔			TOTAL DEP.	↔	↔	↔		
TOTAL CLAIMS	22	████████	████████	████████			TOTAL CLAIMS	████████	████████	████████		